

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3			-			
4			-			
5			-			
6			-			
7			-			
8			-			
9			-			
10			-			
11			-			
12			-			
13			-			
14			-			
15			-			
16			-			
17			-			
18			-			
19			-			
20			-			
21			-			
22			-			
23			-			
24			-			
25			-			
26			-			
27			9			
28			9			
29			1			
30			1			
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49						
50						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS		52				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS						